

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County.....

Registration District No. 791

Township.....

Primary Registration District No. 3

City St. Louis, Mo.

(No. Mo Pac Hospital)

File No. 34475

Registered No. 8616

St. Ward

2. FULL NAME S. Carmon (Carmora)

(a) Residence, No.

St.

Ward. 17

La Crosse, Mo.
(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M.

4. COLOR OR RACE Mexican

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Extra Truck Worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Mo Pac RR

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

FATHER

13. NAME Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Mo Pac Hospital

18. BURIAL, CREMATION, OR REMOVAL

PLACE St. Matthews

DATE

10-3-1933

19. UNDERTAKER (ADDRESS) Robert J. Unkrust

20. FILED SEP - 3 1933

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 2, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1933, to Oct 2, 1933

I last saw him alive on Oct 2, 1933. Death is said to have occurred on the date stated above, at 6:54 a.m.

The principal cause of death and related causes of importance were as follows:

Ca of larynx left
4 1/2 yrs before May 1933

Other contributory causes of importance:

Myocarditis chr

Name of operation Re. respiration Date of 8-7-33

What test confirmed diagnosis? X-ray Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) William B. Adams
(Address) 1755 S. Grand Blvd

